2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000068528** May 02, 2000 8:00 am 1. Entity Name Secretary of State ST. PETE PETS, INC. 05-02-2000 90034 010 ***150.00 Principal Place of Business Mailing Address 700 APALACHEE DRIVE NE 700 APALACHEE DRIVE NE ST PETERSBURG FL 33702-2724 ST PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address 55159 POBOL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOLENDA, JOHN F Street Address (P.O. Box Number is Not Acceptable) 700 APALACHEE DRIVE NE ST PETERSBURG FL 33702 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Chairman ☐ Change **X** Addition ☐ Delete TITLE TITLE John F. Kolenda NAME NAME STREET ADDRESS STREET ADDRESS 700 Apalachee Drive NE CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL 33702 **X** Addition ☐ Change ☐ Delete TITLE President NAME Michael J. Denny STREET ADDRESS STREET ADDRESS 1720 Anglers Court CITY-ST-ZIP CITY-ST-ZIP Safety Harbor, FL 34695 🗂 Ĉĥange Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

nt with an address, with all other like empowered.

4,19-00

727-898-460

Daytime Phone #